APPENDIX 7 PRIOR AUTHORIZATION PHYSICIAN ATTACHMENT (PA/PA) SAMPLE

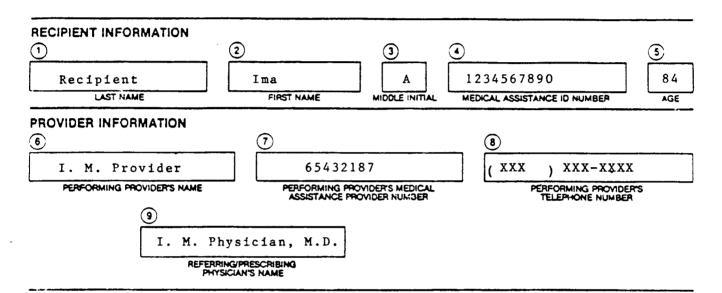
Mail To:

E.D.S. FEDERAL CORPORATION Prior Authorization Unit Suite 88 6406 Bridge Road Madison, WI 53784-0088

PA/PA

PRIOR AUTHORIZATION PHYSICIAN ATTACHMENT

- 1. Complete this form
- 2. Attach to PA/RF
 (Prior Authorization Request Form)
- 3. Mail to EDS



Describe diagnosis and clinical condition pertinent to service or procedure requested:

Patient is an 84-year old male who suffers from fractured hip and severe arthritis. Is medically stable but unable to walk or sit upright for long periods of time. Patient requires ambulance transportation to geriatric facility in prone or semi-reclining posture.

B. Describe medical history pertinent to service or procedure requested:

Patient was released from geriatric facility for a family gathering in Upper Peninsula. At the gathering, patient fell and broke his hip. Patient was stabilized and treated at local hospital but the fracture aggravated pre-existing rheumatic discomfort. Patient requires care at the geriatric facility. Patient is receiving 10mg codeine enhanced pain reliever PRN.

C. Supply justification for service or procedure requested:

See Sections A and B for background. Patient cannot tolerate transportation in a sitting position. Cot stretcher required, but no medical treatment will be needed during the trip.

THE PROVISION OF SERVICES WHICH ARE GREATER THAN OR SIGNIFICANTLY DIFFERENT FROM THOSE AUTHORIZED MAY RESULT IN NON-PAYMENT OF THE BILLING CLAIM(S).

D. 2/3/93 Q. M. Fourides

Page Provider's Signature